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05 March 2021

Version of attached file:

Published Version

Peer-review status of attached file:

Peer-reviewed

Citation for published item:

Amini, Elham and McCormack, Mark (2021) 'Older Iranian Muslim women's experiences of sex and sexuality: A biographical approach.', *The British Journal of Sociology*, 72 (2). pp. 300-314.

Further information on publisher's website:

<https://doi.org/10.1111/1468-4446.12805>

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ORIGINAL ARTICLE

WILEY

Older Iranian Muslim women's experiences of sex and sexuality: A biographical approach

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Abstract

Muslim women in Iran live in a patriarchal society which significantly restricts their freedom and agency. While there is a growing understanding of social change as it relates to younger Muslim women in Iran, the perspectives and experiences of older women are marginalized; mirroring problems with the intersections of age, gender, and sexuality in the West. In order to address this occlusion, this article draws on life history interviews with 30 older Muslim women living in Tehran and Karaj. Adopting a biographical life course approach, and examining pivotal moments related to sexuality in their lives, we discuss how cultural meanings and symbols of sexuality have emerged and been negotiated by these women at the life stages of puberty, first sex at marriage, and menopause. The patriarchal and religious gender order of Iran transgresses these women's human rights so that sexuality is experienced as a source of shame, stigma, and pollution, yet the women also exert forms of agency in their lives as they adopt and challenge these norms.

KEYWORDS

aging, gender, Iran, sexuality, shame, stigma, women

1 | INTRODUCTION

Women's lives are affected by sexuality across the world. Feminist research has focussed on the impact of sexuality on women in the West, yet the regulation of sexuality is more pervasive and damaging on women who live in

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fundamentalist patriarchal cultures like Iran (Afary, 2009). Iranian women's narratives of sex and sexuality receive less coverage and discussion in the West, partly because of the difficulties of gaining access to collect data with these women and the danger for the women to speak about these issues. A growing literature addresses the experiences of younger Iranian women (e.g., Arjmand & Ziari, 2020; Khalajabadi-Farahaini et al., 2019; Sharifi, 2018), focusing on generational shifts related to sexual practices and liberalizing attitudes. The perspectives of older Iranian women are marginalized from this discussion (see Amini & McCormack, 2019 and Sharifi, 2018 as exceptions). Yet, women aged in their 40s to 60s experienced their adolescence during or soon after the Iranian Islamic revolution of 1979, and so offer an important perspective on the effects of a tumultuous period of sexual conservatism and repression.

Drawing on biographical interviews with menopausal women in Tehran and Karaj, we document the profound impact that Iranian laws and cultural norms have on the women's experiences of sex and sexuality. Sexuality was silenced from puberty, which was experienced as a time of stigma and shame. These feelings were then compounded during first sex, which occurred immediately after marriage and often as a traumatic event. We then document the women's experiences of sexual activity during marriage, which is seen as an obligation, a religious duty and, on occasion, a way to gain favor or items desired. We situate these experiences of sex and sexuality within the Iranian context that is a patriarchal, religious gender order. We draw on sociological theories of stigma and pollution in the context of a structural gender order alongside human rights framework to understand how sexuality operates as a vector of power in Iranian culture, intersecting with gender and age, to limit women's experiences and lives. We highlight both the agency women can enact within this constrained context and the profound negative impact on sexual pleasure, bodily autonomy, and happiness more generally.

1.1 | Sexuality and social control in Iran

Iran has a history of relative gender equality, including women's suffrage, education programmes targeted at women and high rates of education and women's presence in the public sphere (Keddie & Richard, 2006). It was the Islamic Revolution of 1979 where Iran entered an era of extreme sexual conservatism (Khalajabadi-Farahaini et al., 2019). After the Revolution, a new juridical discourse on sexuality was established, giving more control to men and the State over women's bodies, sexuality and reproductive functions. The family code was canceled and replaced by a religious code (Sharia law) and sexuality became a matter of legal control and state scrutiny. Here, the sexuality of men is framed as a natural and inevitable urge that should be satisfied, while women's sexuality is defined as an honorable and valuable feature of femininity, subject to regulation and protection.

Under this regime, the aim of sexual relationships is for procreation (Moghassemi et al., 2018) and for women to satisfy their husbands (Khoei et al., 2008). Sex outside marriage is illegal, with harsh punishments for breaking this law (Article 221 and 213, Islamic Criminal Law), including 100 lashes and up to 1 year in prison. According to Article 11, a wife must be obedient to her husband (*Tamkin*) especially in sexual relationships, otherwise she is disobedient (*Nashiza*) and her husband can marry another woman (Moghadam, 2004). Same-sex sexual acts are illegal, while polygamy, temporary marriage, and easy divorce are available to men (Afary, 2009; Khalajabadi-Fahrmi et al., 2019). The legal age of marriage was lowered from 18 years of age to 13 for women and 20 years to 15 for men. Marriages are frequently arranged by the father, and the organization of romantic relationships follows traditional patriarchal models (Sharifi, 2018).

In 2012, the Supreme Leader of Iran formally disapproved of the population control strategies, calling motherhood a "sacred and essential role" for women (Khamenei, 2012). After this speech, abortion was declared illegal as was access to free contraception and the import of male condoms; all surgeries intended for permanent contraception were also banned, except for medical reasons, and harsh punishments were introduced for doctors involved in such surgeries (Karamouzian et al., 2014). Sex education is limited rendering sexuality a taboo topic (Arjmand & Ziari, 2020; Rahimi-Naghani et al., 2016). Accessing educational information related to sexual health is extremely difficult for unmarried couples, and the few existing sexual education programs provide services only

to couples who are married or engaged. As such, Iran is facing rising HIV and STI rates, increasing illegal abortions, and rising rates of drug use (Lotfi et al., 2013; Mahdavi, 2009).

Women's sexuality has been embedded in public morality, with women considered responsible for the moral health of Iran. This framing provides the rationale for gendered segregation, the veiling of women, and greater control on women's bodies (Najmabadi, 1993). Gendered segregation is enforced in public spaces such as schools, universities, public transport, and sport centers (Arjmand & Ziari, 2020). Shahrokni (2019) shows how gender segregation has been central to post-revolutionary Iran where the state "retains its role as the ultimate arbiter of gender boundaries by regulating women's presence in public spaces" (p. 4).

Despite these profound restrictions on women's freedoms, gender and feminist politics in Iran is complex and fluid. Afary (2009) documents how Islamic feminism emerged in the 1990s and has worked to gain rights for women, not least through a pragmatic politics (see Hoodfar, 1996; Hoodfar & Sadr, 2010). Feminist resistance is not primarily shown by mass protests or marches, but through negotiating norms and laws of sexuality in everyday life (Bayat, 2013). This has seen increases in higher education participation, with over 60% of university undergraduate students being women in 2015 (Rezai-Rashti, 2015). However, this is also attributable to conservative fathers and husbands allowing their daughters and wives to go to higher education because of gender segregation, and higher education participation does not translate into equal employment, with participation of women in the work force or in parliament is among the lowest in the world (Tohidi, 2016). Women also do not have equality under the law in areas such as inheritance, marriage, divorce, and child custody.

In this context, the framework of women's human rights is instructive. This framework highlights that the oppression of women in international contexts is often disregarded as a private or cultural issue because it pertains to gender, rather than a form of systematic and profound abuse (Bunch, 1990). The criminalization of consensual sexual conduct and access to sexual and reproductive health, including around menstruation (Zivi, 2020), are human rights abuses (Fried & Espinoza-Kim, 2019). Even as women negotiate and challenge their position in complex ways, Iran exerts significant social control over women's sexuality in a manner that has been documented in fundamentalist regimes in many countries and should be considered abuses of women's human rights (Feldman & Clark, 1996; Reilly, 2009).

1.2 | Sexuality and aging in a patriarchal gender order

Sexual desires and identities tend to be considered as an endowment of young people, with older people's sexualities marginalized (Fileborn et al., 2015; King et al., 2019). In sociological research in the West, older women's experiences are frequently ignored or marginalized (Carpenter et al., 2006; Gott & Hinchliff, 2003)—not least because menopause is often considered the end of sexual functioning and desire (Winterich, 2003). Here, sexual function has been considered as an element for successful aging and, by promoting "positive aging" and "antiaging" concepts, biomedical technologies shape sexual experiences in later life (Marshall, 2012). The medicalization of menopause exacerbates how the biological aspects of it are experienced (Hinchliff et al., 2010), despite research documenting the heterogeneous effects menopause has on women.

These intersections of gender, sexuality, and aging are further complicated by an ethnocentric bias where the focus is on White women in Western countries, particularly the United Kingdom and the United States (Amini & McCormack, 2019; King et al., 2019). Research has started to diversify its focus, but even important contributions here tend to focus on one aspect of these intersections so that while each structure might receive consideration, the gestalt is not fully intersectional (Daatland & Biggs, 2006; King et al., 2019). For example, Sharifi's (2018) powerful study of inter-generational perspectives of gender in Iran provides vital understanding of the shifts among younger Iranian women, but the perspectives of the older women are less developed (see also Khalajabadi-Farahani, 2020). Likewise, other research documents the developing feminist attitudes of Iranian women of younger generations, but this analytic focus means that older women's experiences are used as an

abstract norm against which change among young people are considered (Arjmand & Ziari, 2020; Khalajabadi-Farahani et al., 2019).

Connell's (1987) framework of gender order can be instructive in considering older women's experiences in Iran. Recognizing that bodies are interconnected through everyday social practices as both objects and agents, body reflexive practice shapes new structures, which address and constrain bodies. For Connell, there are four key structures that do this: (1) power; (2) symbolism, culture, and discourse; (3) production, consumption, and gendered accumulation; and (4) cathexis (i.e., emotional and sexual relations). Power is composed of different aspects, from collective or individual violence to organizational hierarchy, including the power of the state. Within Connell's framing of cathexis, an important concept to understand how structural power circumscribes romantic and sexual relationships comes from Mary Douglas's anthropological account of risk and pollution. Douglas (1966) argues that cultural rejection of things as polluted is not about hygiene but a symbolic system by which norms and structures become institutionalized. For Douglas, pollution is a way to signify danger by the dominant power to maintain socio-cultural structures, such as patriarchy. Transgressing the gender order threatens traditional sexual morality and is considered a danger and risk (Douglas, 1966, 1992)—with dirt being a crucial component in how this operates. This connects powerfully with Goffman's theorizing on stigma as a social process by which people are othered and learn to manage the effects of being socially stigmatized. Stigma becomes a form of social control where the production of shame reduces the life chances of the stigmatized person. These forms of stigma are developed over time and are closely integrated into the social structures of society (Tyler, 2020). As we will show in this article, concepts of shame, stigma, and pollution are powerful ways of understanding the regulation of cathexis within a patriarchal gender order.

2 | MATERIALS AND METHODS

In this study, we employed a biographical life course approach, placing emphasis on transitions and the dynamic complexity of the individual's life, and enabling participants to narrate their own stories (O'Neill, 2010; Roberts, 2002; Rosenthal, 2004). Placing participants' realities at its center, and focussing on their subjective interpretation, this approach is salient for marginalized and silenced groups, including our participants (Merrill & West, 2009; Plummer, 1995). As Erel (2007) highlights, biographical methods help foreground agency and subjectivity of marginalized women, which is particularly important in an area where the patriarchal structures are often emphasized over individuals' experiences. This study is part of a broader project regarding older women's health and experiences of menopause in Iran, given the paucity of sociological research on this topic and the problems the lead author had witnessed as a midwife in Iran many years earlier (see below). It became evident during analysis that sexuality was a significant structuring force in these women's lives, hence our focus in his article on the impact of sex and sexuality across the life course.

In winter 2014 and spring 2015, the lead author conducted 30 individual biographical interviews with women who regularly attended religious classes in Tehran and Karaj. Participants from different socio-economic classes were recruited via five Quran classes from different geographical areas of Tehran: North, North East, North Center, South East, and "Downtown." Additionally, one Quran class was located in Karaj, the fourth largest city of Iran and 20 kilometers west of Tehran. People who cannot afford to live in Tehran often relocate to Karaj. Purposive and snowball sampling were adopted. To make initial contact, the lead author spoke with friends who attended these classes and, before attending herself, was introduced to the teachers of the classes and obtained their permission. To meet the women regularly, she attended all these sessions every week for 4 months. The lead author gave an introduction at the start of the first session or each class, and potential participants were invited to join the research and given contact details.

Participants were all aged 45 or older and were either: post-menopausal (menstruation had ceased for more than a year); had experienced the termination of their menstruation cycle, but for less than a year; or had

experienced menopause due to undergoing hysterectomy surgery as the result of menorrhagia. All participants had experienced the Islamic revolution (1979) during their adolescence. The sample had a wide range of educational levels and professions, from illiterate to medical practitioner. Table 1 provides further detail about participant demographics including education level: In Iran, school education lasts for 12 years but is not always completed. Where participants did not complete high school, we state the grade they completed which corresponds to the number of years of schooling.

The interviews were conducted by the lead author who is an Iranian woman. Her interest in the sexuality of older Iranian women stems from a combination of biographical factors, beginning with her background as a

TABLE 1 Participant information

Name	Age	City	Education	Occupation	Children
Anis	50	Tehran	Degree	Teacher	2
Bitā	64	Tehran	Degree	Teacher	2
Eftekhar	54	Tehran	Postgraduate degree	Teacher PT	2
Farideh	57	Tehran	Postgraduate degree	Teacher	2
Farnaz	50	Karaj	Grade 5	Factory Worker	5
Fatemeh	53	Karaj	Illiterate	Housewife	6
Habibeh	69	Tehran	High School	Retired Nursery Assistant	3
Hoda	66	Karaj	Grade 2	Housewife	11
Mahdieh	51	Tehran	Degree	Teacher	2
Mansoreh	56	Karaj	High School	Housewife	3
Maryam	50	Tehran	Degree	Part time Teacher	2
Masomeh	60	Tehran	High School	Retired Clerk	2
Mehri	47	Tehran	Degree	Dentist	1
Molood	62	Teran	High School	Nursery Teacher	2
Nafiseh	65	Karaj	Grade 3	Housewife	1
Nahid	51	Tehran	Postgraduate degree	Midwife	2
Nakisa	59	Tehran	Postgraduate degree	MD	2
Pooran	48	Karaj	Diploma	Teacher	1
Rahimeh	56	Tehran	Grade 8	Housewife	2
Razieh	50	Tehran	Grade 4	Housewife	4
Reihaneh	59	Tehran	Degree	Teacher	0
Samin	54	Karaj	High School	Housewife	4
Sanaz	58	Tehran	Degree	Teacher	3
Sarah	57	Tehran	Postgraduate degree	MD	2
Shokooh	60	Karaj	Grade 5	Factory worker	4
Tahereh	48	Tehran	High School	Housewife	1
Tooran	50	Tehran	Degree	Teacher	2
Zahra	51	Tehran	Postgraduate degree	Manager in Education Ministry	3
Zeinab	62	Tehran	Degree	Secretary	3
Zohreh	47	Tehran	High School	Housewife	2

midwife for more than 7 years in Tehran. This involved spending time with a range of women, frequently hearing about their private lives where narratives of trauma were common. The medicalized discourse of the menopause alongside the evident distress this caused led the lead author to study for a PhD in sociology and conduct research on social understanding of menopause in Iran. Given her gender, nationality, and sexual orientation were the same as the research participants, the lead author entered the research field as an insider with a shared language and cultural history. Yet, boundaries between the researcher and participants were also evident because of her Westernized status as a researcher from a British University, her age and her marital status. These differences were mediated throughout interview, with participants asserting agency through choosing where and when the interview took place, and the researcher obeying the norms and etiquette of Iranian culture (Amini, 2019). While any qualitative account is necessarily partial and contingent, the lead author was able to collect data that were rich and guided by a deep understanding of Iranian culture and gender norms.

All interviews lasted over an hour—and some of them 2 hr—due to participants' eagerness to discuss their experiences which is typical for biographical research (O'Neill et al., 2015). Interviews were conducted in Farsi, and translated into English. Systematic analysis of the data then occurred through two processes: thematic analysis, focusing on the content of the text, and structural analysis, emphasizing the way a story is told, and how narratives are constructed (Riessman, 2008). Thematic analysis was used to identify similarities and differences across participants' stories. Here, we constructed a typology of themes to enhance our analytic interpretation. The structural analysis, focusing on language, highlighted the process through which a story was told and highlighted the meanings of the stories—doing so by employing our analytic theoretical framework. Analysis was primarily undertaken by the lead author, with the second author corroborating codes and themes and developing analysis in an engaged way with the lead author. As a gay British sociologist with no personal experience of Iran, these divergent backgrounds were a source of productive tension through sympathetic challenging of themes and arguments to ensure a critical analysis that remained rooted in humanistic foundations, cognizant of the socio-cultural context and structural constraints of Iranian culture (Merrill & West, 2009).

Significant ethical issues exist regarding interviewing women about sexual stories in a patriarchal context. Ethical guidelines of the British Sociological Association were followed, with anonymity and confidentiality guaranteed. Gaining access and informed consent are a complex process (Miller & Bell, 2012), as is the safety of participants and interviewer, and the intricacies of doing this in Iran has been discussed as it relates to this study in detail elsewhere (Amini, 2019). Most participants had not told these stories to anyone previously, and while most said they felt "peaceful" or similar term after interview, it also invoked emotions including recollections of trauma. In six cases, we referred participants to a specific counselor. We approached ethics as a practice to be continually negotiated throughout data collection and incorporated into our reflexive analysis, ensuring that our findings authentically represent the stories to give voice to these women's experiences (Erel, 2007).

3 | RESULTS

As part of our biographical life course approach (Roberts, 2002), we identified key stages in participants' lives in which sexuality consolidated in their narratives. These three stages were childhood, with a focus on puberty; entering womanhood, via first sex on wedding night; and menopausal time, and limited assertion of agency in the absence of sex.

3.1 | Puberty and family management of signs of sexuality

All participants spoke about puberty as a key moment in their awareness of sexuality. Shame and silence dominated participants' first experiences of sexuality, and participants hid their breasts as children because of the

stigma associated with them (see also Crawford et al., 2014). Nahid (aged 51) mentioned that growing her breasts was “strange” for her and she emphasized that she and her sisters “tried to hide them, *always*.” Her mother would insist that they wear a very tight vest under loose shirts to hide their breasts whenever they had a guest at home, and she said “this was a source of great *shame* for us.” Tahereh (aged 48) stated that was prohibited from playing and cycling in the street:

I loved to cycle in the street near our house and play with all of the boys and girls who lived near us. But my dad told my mum that it was not suitable anymore for me to play outside of the house and asked her not to let me play and cycle in the street with other children. My brother could do it. That summer was the worst summer holiday of my life.

Zahra (aged 51) argued that shame was not only felt but also had to be displayed for the male members of her family. She explained that all girls must have this feeling of “shame,” even in front of their brothers and fathers, as shame indicates their “chastity” and “modesty,” important characteristics of a “good girl.”

These experiences of breast development were consolidated through dominant Iranian discourse. In Farsi, while *pestan* is the word for breasts, women are expected to use the *sineh* to describe their breasts, which translates as chest. Similarly, when medical staff discuss sexual organs with colleagues, they use English words instead of Farsi. Given the rejection of Western notions of femininity in Iran (Sharifi, 2018), the use of English can be seen as associating sexual organs with the dangerous and polluted West.

Participants spoke about how the feelings of shame that emerged in puberty persisted throughout their lives. Pooran (aged 48) explained that she still felt shame when discussing her breasts, saying: “I flush with shame. Look at my cheeks, you see?” She stated that her shame stemmed from her breasts being “obvious...even under Chador” [A Chador is a full-body-length fabric which is worn as Hijab, without any hand openings, and covers the women's body from head to toes]. Similarly, Eftekhar (aged 54) felt her breasts to be “very shameful,” adding “I try to hide them by slumping.” These early feelings had long-lasting effects on feelings of one's body and cathexis more generally, with all participants speaking about hunching their bodies to hide their breasts.

Alongside shame regarding the visible sign of puberty, menstruation was also experienced as a significant source of social stigma (Johnston-Robledo & Chrisler, 2013). All participants believed menstrual blood is dirty and makes them unclean and polluted (Douglas, 1966). As such they regularly performed the ritual religious bathing, known as Ghusl. Iranian Muslim women are required to perform Ghusl after menstruation, sexual relations, childbirth, and touching a dead body—with the notion that menstrual blood is polluted and in need of cleansing. Indeed, participants used the phrase “getting clean” to refer to the end of the menstrual cycle.

Most participants had no knowledge about menstruation before its onset, and found it “scary” and “shameful.” Reihaneh (aged 59) explained that she was terrified at the time because she thought she had “got some bad illness.” Similarly, Zohreh (aged 47) was told by her parents that if girls knew about “those things [menstruation], they would become rude and cheeky.” Only the women with a health sciences background (Mehri, Nahid, Nakisa, and Sarah) knew about the sexual parts of their body and its anatomy. All participants hid their menstruation from other members of the family for fear of being blamed as immodest or unchaste. In this context, menstruation was seen as the fault of the girl and a blemish that impacted on her good character (Douglas, 1966; Goffman, 1963)—a form of pollution and stigma that must be silenced, with profound effects on their sense of self.

3.2 | Proving virginity, first sexual experiences, and hating sex

While virginity is imbued with meaning cross-culturally (Carpenter, 2001), it has special significance in Iran, as in many Middle Eastern countries, and is seen as a sign of family honor (Arjmand & Ziari, 2020). Therefore, proof of virginity is an important ritual in Iran, imbued with both symbolic and literal power. Women perceived to have

failed to uphold the norm of virginity before marriage face serious social and physical harm (Wild et al., 2015), and all participants had experienced virginity tests. Most did this the traditional Iranian way, which is showing a bloody sheet after first intercourse on wedding night, while a minority did so by visiting a physician. Participants experienced this as humiliating and traumatic. Anis (aged 50) said: "I hated myself that night for doing it, but I didn't have any other choice...but even now when I am talking about it, I feel very bad about it... I feel it is an insult to me." Pooran explained that proving virginity for her meant, "Not being trusted," so she "felt humiliated."

However, all participants continued to believe that the virginity test is necessary for all girls, although this about protecting women rather than for the importance of virginity. This was, according to Habibeh (aged 69), to "prevent possible future problems." These problems were primarily that others might doubt virginity, and Habibeh had kept the bloody napkin from her virginity test and showed it to female relatives including her mother-in-law to prevent "gossip." Indeed, Nahid, a midwife, explained that she had sought a virginity test after "seeing lots of arguments on this issue" as a midwife, and she also encouraged her sisters and daughter to do so.

All participants' first experience of sexual activity occurred on the first night of their marriage, and most did not have any knowledge about sexual activity beforehand. For example, Pooran narrated that she "had many questions" in her mind regarding the first night of her marriage, but "there was no one to ask." Zohreh stated that the lack of sexual information before first coitus made the experience of losing her virginity "very scary" and "painful," like a "nightmare." The only explanation or advice that her mother gave her was "keep quiet! Just keep quiet and be still and motionless and let him do it." Similarly, Anis "did not know what to do" during her first sexual experience, and her mother and aunt recommended her to be "silent and still" otherwise "it would be painful." She added, "During that time, I closed my eyes and prayed to God to finish as soon as possible. Still even remembering that night is painful."

The religious gender order of Iran exacerbated the negative experience in multiple ways. For example, Zahra, after explaining that she is very religious, narrated:

Hijab is important for my family. I had a Hijab from 9 years old ... My first sexual experience was very scary as suddenly I had to be naked for a man whom I had known for less than 2 months.... My mother didn't tell me anything and I didn't know what to do so; as soon as he started touching me, I wanted to cry and escape... I can remember that I shacked very badly.

Likewise, Reihaneh stated that she was 23 years old when she got married and that first sex came as a shock to her: "Think for a while; you have to cover yourself from head to toe from the time you are 7 or smaller and then, one night, they ask you to expose yourself suddenly."

Ghusl was another religious norm that contributed to negative experiences. Maryam, aged 50, mentioned that the need to do Ghusl after sex made her think of sex as a polluted and dirty act:

I was really worried, especially when I found that it needs obligatory Ghusl after that.... and I said that this is a terrible thing; how dirty it is ... you have to wash yourself from this dirty act so that you can be clean again. Otherwise, you are dirty, you are not clean.... I used to think that, you know, because of the Ghusl, I used to think that it must be a dirty and filthy action because we have to do the Ghusl afterwards.

Shokooh, aged 60, also believed that sex was dirty, saying, "Doing these things is dirty; if it's not dirty, why [do] we have to do Ghusl after it? You see, it is dirty."

Participants did not discuss sexual activity with family members to gain sexual knowledge. This hegemony of silence would continue into the women's married lives with their husbands—the structure of cathexis set in childhood continuing into adulthood (Connell, 1995). For example, Reihaneh believed that "sexual conversation is

not appropriate for a woman with modesty” so, she purposefully avoided discussing it with her husband. Similarly, Maryam, said she never talk about sex with her husband as he “knows well himself to what to do” and added:

I always tell myself it's not something important, he does know everything necessary himself, it never became necessary to tell him to do something, he himself knows better, and I never tell him that it's better to do this or it's better that you didn't do that.

State and religious discourse define the meanings of “proper sex” as women having penetrative sex with their husbands to give them satisfaction (Civil Code art. 1106–08), which participants had internalized. All participants described “real” sex as penetrative and in the terms of vaginal/phallocentric sex, which ends in an orgasm for their husbands. For example, Farnaz, Habibeh, and Masomeh narrated that they did not like “real sex,” defining this as penetration, stating that they liked instead “the cuddling part, but not the other one.”

The great majority of participants reported an active dislike of sex. Anis narrated that she disliked sex with her husband, rejecting sexual advances from him; providing evidence of agency, and control that is not always present in narratives of older Iranian women. Anis's rationale was that her husband is not religious and so having sex with him is like “having sex with a dog.” She added:

Because I've heard a Hadith [words of Prophet Mohammad] from Prophet Mohammad that says ‘to have sex with a man or woman who doesn't say her or his prayers is like to have a sex with a dog’. That was always on my mind. I always think about it. I think this is a matter always, but I always want to deny it. Whenever we sleep together, this comes to my mind and I hate it [Silence] yes, maybe the first reason was that.

Most of the participants avoided using the words “sexual” or “sex,” considering it rude, and either apologized when they used such a word or said it in another language; Nahid (a midwife) said it in English. Using a Western language disguises the erotic meanings of these words, associating sexuality with the West and thus against Iranian culture (Najmabadi, 1993; Sharifi, 2018).

3.3 | Sexual activity as obligation, Jihad, and rational choice

Most participants were disappointed in and traumatized by their sexual activity, yet they felt pressured to continue having sexual relations with their husbands. Three distinct attitudes toward sexual activity were evident, viewing it as an obligation, a Jihad, and a rational choice in a political economy of sex. Five participants believed that, as a wife, making their husband sexually satisfied is their responsibility. Razieh (aged 50) explained it in such terms: “It's my responsibility as a wife to satisfy my husband,” fearing that not doing so would result in her “losing my husband.” In this context, sexual activity is a necessary chore of marriage. These participants viewed sexually satisfying their husband as an integral part of their feminine role, and their position as women in Iranian society.

Eight women located their experiences of sex within religious norms, arguing that sex was a form of Jihad. That is, they believed that satisfying their husbands is their religious, rather than purely matrimonial, responsibility, and if they want “to be a good faith believer, they have to fulfil their husbands' sexual needs” (Bita, aged 64). Nafiseh (aged 65) stated: “God gives reward to women for their Jihad.” Fatemeh (aged 53) also explained about the spiritual reward that she had received by fulfilling her “Jihad”:

I can remember clearly that I went to Imam Reza's shrine. I talked with Imam Reza and told him: ‘Oh holiness, I was only 14-years-old when I got married to a 40 year old man [cries], be my witness my dear Imam’, and suddenly a piece of green fabric was dropped on my skirt and I got my reward.

Although it was painful for Fatemeh, as displayed by her crying during her narration, she consciously elected to carry out her “feminine job,” in exchange for a spiritual reward.

Some women used sex as a bargaining tool. Nahid stated that she “had learned that whenever [she] wanted to ask something important from [her] husband, it would be better to do it after having sex with him.” She referred to this process as the “wisdom of a woman.” In line with Nahid, Pooran narrated that her aunt, who was 30 years older than her, always told her “to wear a special lipstick for her husband, and pay attention to the colour he likes,” then she “could have whatever she liked.” Pooran named this “women’s craft.”

The use of sex also included the faking of sexual satisfaction or pretending to have sexual desires. Zohreh faked her sexual desires as she decided she would not reveal her “shortcomings” to her husband. Reihaneh narrated that she “never let her husband know about her low sexual desire” and added “...so I’ve learnt to play along. You know, I’m a good actress [laughing].” Several of the women who did this stated it occurred more often in menopause, when their own sexual desire had decreased significantly (see Amini & McCormack, 2019). Yet, these women modified their bodily and sexual desires according to different statuses over time, by responding to their husband’s desires, while performing the sexual practice and pretending to have sexual desire themselves. Such practices may not align with Western notions of feminist agency and emancipation, and the traumatic experiences of sex for many participants is a profound harm, yet their narratives reflect a more nuanced perspective of constrained action than popular discourse allows (see Eid, 2015).

3.4 | Sexual experiences in menopausal time

Participants had rarely challenged Iran’s patriarchal gender order throughout their lives. The time they reported challenging and subverting these rules was during menopause—and relied on dominant gendered tropes of this life stage. Iranian culture has a medicalized view of menopause, which is widely viewed as a biological event that is the start of old age and even the approach of death (Amini & McCormack, 2019; Khademi & Cooke, 2003). Yet, despite menopause being seen as a medical problem and a great loss, many participants used it as a mechanism to discuss their dissatisfaction with their sexual relationships. Nine women cited their menopause as a reason to start a conversation with their husbands about sex, their attitude toward it, and to negotiate their sexual desires within their marriage. For example, Pooran narrated that during her menopausal time, sex was “torture” for her: “Nowadays, yes. I sometimes, I tell him that it’s not right for my age, but mmmm you see, before this happened, I didn’t talk to him about sex.” Similarly, Zeinab (aged 62) stated that her lack of sexual desire during menopause was “not in her hands,” adding “From the time when I started the menopause, I can say no to my husband [smiling], and he’s going to get less upset over it, because it’s not in my hands, it’s because of my menopause.” Thus, menopause enabled a discussion of sex which had not occurred before, including a rejection of a women’s role based on the gender order. The menopausal body is considered “old” in Iranian culture (Khademi & Cooke, 2003), and women used this to reject sexual intercourse which they previously had endured as obligation or necessity.

Iranian culture exerts significant control on participants’ lives. All participants who had visited a gynecologist during menopause stated they had been recommended using medication such as estrogen cream, lubricant gel, and hormonal replacement therapy, to improve their sexual experiences. Some participants were encouraged by a gynecologist to undergo perineorrhaphy/perineoplasty cosmetic surgery, to enhance their sexual experiences or to “prevent problems.” These types of cosmetic surgery involve the reconstruction of the vaginal muscles, where the gynecologist tightens the vaginal canal. Habibeh, the only woman who had the surgery, said:

My husband repeatedly told me he was not satisfied. After menopause and especially after normal delivery; you know I had three normal deliveries, so I think it was normal that it happened to me. [The nurse] told me the only solution was undergoing surgery to tighten it, and she said after doing the surgery it would be like the time I was young (smiling) and it would help my husband’s

satisfaction. It wasn't a very difficult surgery, so I did it. But to tell the truth, now it's more painful for me.

Habibeh's narrative adopts the dominant discourse where penetrative sex is an obligation in marriage, which also shaped medical care. The gynecologist did not give advice to Habibeh about having better sexual experiences, but recommended perineoplasty for the purpose of her husband's satisfaction; contrasting the aging menopausal body against a youthful ideal.

Whereas research on generational change in Iran related to gender has tended to explore this through the lens of younger women (Arjmand & Ziari, 2020; Sharifi, 2018), participant narratives show a different perspective. Most participants regarded the new generation as a stigmatized, dangerous other. For example, Fatemeh called them the "indecent generation" while Mahdiah believed "they know too much about certain things that they shouldn't know about," referring to the sexual knowledge. Disclosure of sexuality was the object of social stigma, considered as being *Gostakh*, which we translate as "shameless," "feisty," and "rude" as no direct translation is available. *Gostakh* was spoken frequently by the women when explaining their secrecy around sex or to discuss the new generation. Such language demonstrates the lasting influence of events across the life course and structuring power of cathexis on these women's lives.

4 | DISCUSSION

Sociological research on gender has a Eurocentric focus, while the small body of work on Iranian women's experiences of gender and sexuality examines younger women's experiences and generational change (e.g., Arjmand & Ziari, 2020; Khalajabadi-Farahani et al., 2019; Sharifi, 2018). Thus, by focussing on older Iranian women's narratives of sex and sexuality, we foreground the voices of a group who face oppression and constraint in their lives and marginalization within the academic literature. Adopting a biographical approach (Roberts, 2002) and considering sexuality as an ongoing aspect of their lives, we document the intersections between the structural gender order of Iran and these women's subjectivities. Considering gender and sexuality as vectors of power with internal politics, inequalities, and oppression alongside embodied practice, we show how the life course provides a trajectory of sex and sexuality that routes both in time, space, social and cultural context; constraining these women's life experiences in profound ways. It was only with menopause, which is understood as the death of sexual desire by these women (Amini & McCormack, 2019), that they challenged and contested dominant norms of sexuality. Even so, they have experienced profound harms around sexuality that can be considered human rights abuses (Bunch, 1990; Reilly, 2019).

Older Iranian women's sexual activity can be usefully perceived in terms of the interaction between women's agency in their interpretation of meanings and gendered socio-cultural structures (Mahdavi, 2009), which Connell (1995) calls cathexis. Most of the women in this research were disappointed in, and even traumatized by, their sexual activity, yet felt pressured to have sexual relations with their husbands: viewing it as an obligation, a *Jihad*, or as rational choice. Significantly, the women internalized the hegemonic gender norms of pollution and stigma related to sexual activity and sexuality (Douglas, 1966; Johnston-Robledo & Chrisler, 2013). These older Iranian women developed sexual meanings and values through structure of cathexis in Iran within the broader patriarchal gender order (Afary, 2009; Mahdavi, 2008); which also served as a symbolic break from pre-Revolution Iran (Najmabadi, 2005). Their sexual experience is a dynamic process that develops throughout life, with puberty, first sex, and menopause being key moments in their sexual lives. Participants' experiences of childhood events such as puberty sheds light on their sexual experience in their menopause, as does the meanings of sin shame and pollution that are connected to biological developments such as menstruation and growing breasts.

This study shows the importance of foregrounding older women's voices to develop a temporal and culturally grounded understanding of lived experience (see Erel, 2007). Rather than place the women in this study as passive

victims or as being dominated by an oppressive gender order, a biographical approach helps document feelings of trauma, hurt, and oppression while still recognizing agency and value in their lives. Yet, their resistance and negotiation of power structures is notably different from younger women in Iran, who often adopt more overt forms of political action (Hoodfar & Sadr, 2010; Khalajabadi-Farahani et al., 2019). It is in this context where Connell's (2012) gender order provides a framework to understand the older generation's lives. In Iran, the structure of cathexis is oriented through notions of pollution and stigma (Afary, 2009; Douglas, 2003) that is directed at women who embrace "Western" ideas of sexuality. Transgressing the gender order threatens the traditional sexual morality and is considered as a "danger" or "risk" (Douglas, 1966, 1992), as highlighted in the participants' perceptions of the younger generation. The differences in these women's experiences compared to younger Iranian women further highlights the temporal and generational aspects of gender and sexuality (Khalajabadi-Farahani et al., 2019; Sharifi, 2018)—and the role that notions of pollution and stigma played in their understandings of sex and sexuality (Douglas, 1966; Goffman, 1966; Tyler, 2020).

A women's human rights perspective also helps center the oppressive nature of Iran's gender order (Bunch, 1990). Sexual silencing, shame, and ignorance of sexual and reproductive health are in opposition to women's empowerment and in contravention of these human rights (Fried & Espinoza-Kim, 2019) and are far more damaging than still problematic discourses of sexuality in the West (c.f. Carpenter, 2001; Fileborn et al., 2015; Winterich, 2003). The Iranian regime's framing of feminism and various practices, such as gender integration and particular clothing styles, as Western and thus dangerous, is a rationale that is used in many oppressive regimes (Reilly, 2019; Winter, 2006) and using the women's human rights framework helps to recognize the oppressions these women experience even as they exert agency in their own lives.

By documenting the sexual and gendered biographies of Iranian Muslim menopausal women, we also contribute to methodological framings of gender in non-Western contexts. By placing these women's voices at the center of analysis and highlighting the complexity of the intersection of gender, sexuality, and aging in a patriarchal context, we demonstrate the importance of feminist and Indigenous centered methods in developing contextual, person-centered understandings of the social world (Chilisa, 2020; O'Neill, 2010). In a culture where "silence," "sexual purity," and "virginity" are highly valued, women's stories are often not heard, and our approach enabled us to explore the concepts and language that Muslim Iranian menopausal women used to make sense of their sexuality; it provided a reflexive space for participants, and facilitated listening and understanding, as well as agency. Participants' engagement with this research can be considered as political practice, both by enabling a re-evaluation of their life history and also by challenging the hegemony of silence on women's sexual life by telling their own sexual stories (Plummer, 1995).

Limitations are present with the study. Data are drawn from a sample of women in Tehran and Karaj, and through only six religion classes in these two cities; thus, generalization is not possible. Although we sought to access participants from different socioeconomic classes, the sample was non-random. Furthermore, we recruited the participants through volunteer sampling. Being self-selecting in this way, the women participating in this study thus may have more courage to speak up about their sexuality and challenge the hegemony of silence than might others. Even so, the sexual and gendered biographies of older Iranian Muslim women have been marginalized in sociological and feminist debates and this study advances understanding of this cultural context and how sexual biographies are shaped beyond the West.

CONFLICT OF INTEREST

There are no conflict of interest.

ETHICAL APPROVAL

The study received ethical approval from the first author's university, and the principles of the British Sociological Association were followed.

DATA AVAILABILITY STATEMENT

Given the highly sensitive nature of the qualitative data, it is not ethical to archive data in a public repository. As such, the author elects to not share data.

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How to cite this article: Amini E, McCormack M. Older Iranian Muslim women's experiences of sex and sexuality: A biographical approach. *Br J Sociol.* 2020;00:1–15. <https://doi.org/10.1111/1468-4446.12805>